An 80-year-old female patient previously treated with chemotherapy and radiotherapy for primary CNS lymphoma presented with decreased vision in the right eye (Figure 1A). She was diagnosed with secondary VRL. After treatment with repeated doses of intravitreal methotrexate, she achieved remission. However, the VRL recurred 1 year later (Figure 1B) and was refractory to intravitreal methotrexate. Eight days after the 11th dose of intravitreal methotrexate (Figure 1C), CNS recurrence was evident. After discontinuing intravitreal methotrexate, tirabrutinib was administered for refractory CNS lymphoma. The CNS and VRL lesions appeared less evident within 2 weeks (Figure 1D), and she remained in remission for 3 months. However, 4 months after the start of tirabrutinib, it was discontinued due to recurrent CNS lymphoma.

A 73-year-old female patient experienced blurred vision in the right eye (Figure 2A and B). Three weeks later, she developed dysarthria, and a brain magnetic resonance imaging scan showed a lesion near the thalamus. A chorioretinal biopsy was performed, and a diagnosis of CNS lymphoma and VRL was confirmed by cytological examination (class V). The patient was administered tirabrutinib in suspension through a nasogastric tube due to her low Karnofsky performance status.4 The VRL lesions rapidly became less apparent (Figure 2C and D), and she was in remission for the next 3 months. The brain lesions slowly improved, and after a month, the patient was able to take tablets. However, 3 months later she experienced a hemorrhagic stroke and the tirabrutinib was discontinued. She died 1 month later.